



Date Received: _____

RELINQUISHMENT FORM

I, _____, do hereby relinquish my membership in the Agdaagux Tribe of King Cove.

This cancellation of membership is made with the full understanding that henceforth I shall cease to hold membership in the Agdaagux Tribe of King Cove and that I will no longer be eligible for the benefits of the Agdaagux Tribe of King Cove.

DATE: _____

NAME: _____

SIGNATURE: _____

ADDRESS: _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20__

Signature of Notary Public, State of Alaska

My commission expires: ____/____/____